MASSACHUSETTS TOBACCO CONTROL PROGRAM (MTCP)

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Smoking-related illnesses kill more than 10,000 Massachusetts residents each year and cost hundreds of millions

of dollars of public and private expenditures for health care. To combat this public health problem Massachusetts

voters approved in 1992 a referendum question calling for an increased excise tax on tobacco products, with the

revenue supporting a Health Protection Fund. About 40 percent of the fund is used to finance the Massachusetts

Tobacco Control Program, administered by the Massachusetts Department of Public Health. During the first three

fiscal years, the MTCP budget has averaged just over \$40 million annually, declining during that period from

about \$43 million in FY 1995 to under \$37 million in FY 1997.

The MTCP is designed to curtail tobacco-related health risks for the people of Massachusetts in three key ways:

Persuading and helping adult smokers to stop smoking:

Preventing young people from starting to use tobacco and reducing their access to tobacco; and

Protecting non-smokers by reducing their exposure to environmental tobacco smoke (ETS).

Overview

MTCP activities began in October 1993 with a major media campaign designed to provide information about the

negative health effects of smoking and influence public attitudes toward smoking. The Massachusetts Tobacco

Media Education Campaign, administered by the advertising agency Arnold Communications, produces television,

radio, newspaper and billboard advertising and conducts public relations events throughout the state synchronizing

media themes and programmatic activities to maximize outcomes.

In late 1993 and early 1994, MTCP began funding **community-based services** throughout the Commonwealth.

Local programs are at the center of the Massachusetts Tobacco Control Program. Each program type plays a

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unique role; working together they are promoting policies and providing services that are changing community attitudes towards smoking and people's smoking behaviors. To date, MTCP has funded over 400 local programs throughout the Commonwealth. Some important changes occurred in the model, productivity and outcome measures in the summer of 1997 when the Department of Public Health conducted a public re-bid of services. The programming described below reflects these refinements in the model.

Massachusetts is a "home rule" State and an emphasis is placed on community education and local participation in policy initiatives. There are two types of programs that promote local policy change in Massachusetts' cities and towns. 1) *Community Coalitions* engage in grass roots community education and mobilization raising public awareness about the health issues related to tobacco use, the strategies used by the tobacco industry to promote use and the importance of tobacco control laws and regulations. They also play a lead role in assisting all local tobacco control programs to plan and coordinate their activities to utilize resources efficiently and maximize the effect of initiatives. 2) *Boards of Health & Health Department Programs* are primarily funded to enact and enforce local ordinances and regulations designed to make it harder for youth to buy tobacco products from retail establishments and vending machines and to protect the public from environmental tobacco smoke.

Another major area of activity for MTCP programs is the implementation of smoking intervention strategies designed to: engage high risk populations in the process of changing group norms that support tobacco use; prevent or interrupt habituated use among risk-taking youth; identify smokers, motivate them to quit and provide smoking cessation services when needed. There are four program types used to achieve these outcomes. 1)

Institutional Casefinding Programs implement models designed by health and human service providers to identify smokers within their existing client or patient population. Models are based on the National Cancer Institute 4A's: they "Ask" about smoking behavior at appropriate opportunities; "Advise" all smoker to stop; "Assist" the smokers to stop; and "Arrange" follow-up visits. 2) Smoking Cessation Specialty Services are agency-based and offer structured individual and group counseling to assist smokers to quit and prevent relapse. These programs frequently target co-morbid populations such as substance abusers and promote Nicotine Replacement Therapy (NRT). 3) Innovative Outreach and Intervention Programs reach at risk populations at home, at public events and

in other public settings with creative smoking intervention strategies responsive to the particular needs of the target population. Strategies may include educating community leaders and engaging them in health promotion and tobacco control policy-related activities. 4) *Innovative Intervention for Risk-Taking Youth Programs* are structured youth skill-building programs that foster youth leadership in tobacco control. Structured program experiences include activities such as designing and conducting attitude and behavior surveys; community mapping of industry advertising practices; developing, passing and enforcing a tobacco control regulation or law; and media advocacy. Programs also offer smoking cessation and relapse prevention interventions for youth to prevent or interrupt habituated use.

Several **program support services and other statewide initiatives** were also undertaken early in the development of MTCP to train a new cadre of tobacco control professionals, provide culturally relevant educational materials to the public and educate local cities and towns about tobacco control legal and policy issues that may effect their residents. For example, ten Regional Prevention Centers and the Tobacco Control Statewide Training Center provide technical assistance and training to local tobacco control programs, regional Steering Committees and public schools.

An example of a cooperative effort of three statewide projects is the Community Assistance Statewide Team (CAST). Two trade associations and a legal policy project collaborate to assist cities and towns in their efforts to enact laws and regulations. MA Association of Health Boards, MA Municipal Association and the Tobacco Control Resource Center at Northeastern Law School play an important technical assistance role to municipalities as tobacco control laws and regulations are introduced in their communities.

The Smoker's Quitline (1-800-TRY-TO-STOP), managed by the American Cancer Society, provides public information and self-help materials, referrals and counseling to smokers who want to quit and the Tobacco Education Clearinghouse develops and distributes educational materials on smoking, chewing tobacco and environmental tobacco smoke.

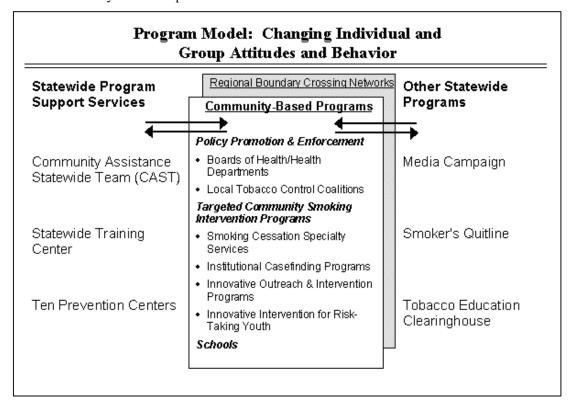
Building a Social Movement Using Boundary-Crossing Networks

MTCP is organized to facilitate communication within geographic areas, across agency and program boundaries.

These boundary-crossing networks combine public and private sector entities in new collaborative models that achieve and sustain tobacco control initiatives in communities, the workplace, educational and healthcare settings.

Local programs are organized into six regional networks that meet monthly. Regional meetings are convened by the MTCP Regional Field Director. They are conducted in both large and small group formats, breaking down by geographic sub-areas or by provider type. **Regional meetings serve as a forum for regional action planning,** information dissemination, provider collaboration, identification of "best practices" and training.

Each regional network is guided by a Steering Committee. **Steering Committees work on goal alignment, strategic planning, regional public relations campaigns and quality improvement.** Steering committees are comprised of representatives from local and regional programs; managers representing other segments of the Department's public health service system, such as substance abuse services; and representatives from the American Cancer Society and the Department of Education.

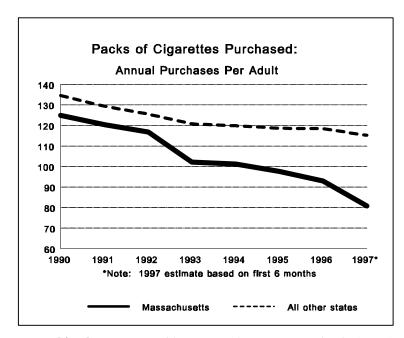


Achieving Desired Outcomes: The Independent Evaluation of the Massachusetts Tobacco Control Program

To learn more about the program's effectiveness, the Department of Public Health commissioned several research and evaluation efforts, including an overall evaluation by Abt Associates Inc., a national policy research firm headquartered in Cambridge. The overall evaluation draws on data and analyses from a variety of sources to describe MTCP activities and assess their results. The evaluation results summarized here cover approximately three and a half years of program activity, through June 1997.

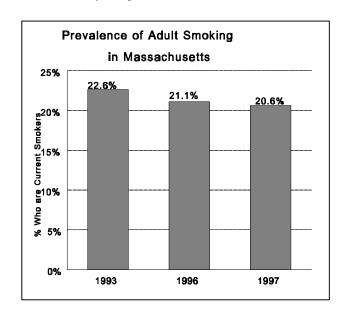
This year's Annual Report finds continued progress. Tobacco consumption continues to decline faster in Massachusetts than elsewhere. Adult smokers are smoking less than they did before the program began, and the number of smokers seems to be shrinking. Youth smoking trends, while not declining as everyone desires, are more favorable in Massachusetts than in the nation as a whole. Non-smokers' exposure to environmental tobacco smoke has been reduced. Merchants are complying better with the prohibition on tobacco sales to minors. These and other key results are summarized in the following excerpts from the Fourth Annual Report Summary prepared by William Hamilton of Abt Associates, Inc.

Cigarette consumption in Massachusetts has fallen by 31 percent since 1992, when Question 1 was passed. Tobacco Institute data show a steep drop in purchases, from 117 packs per Massachusetts adult in 1992 to 81 packs in 1997. For the remainder of the United States, cigarette consumption declined 8 percent during the same period.



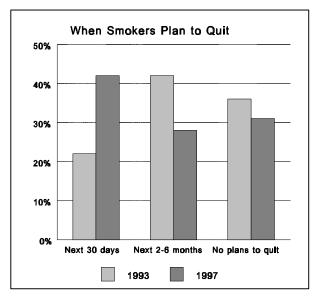
Those who smoke are smoking less. In statewide surveys, the average smoker in 1996-1997 reported smoking 16 cigarettes per day. This represents a 20 percent reduction from the average of 20 cigarettes found in 1993.

The number of adult smokers is slowly declining. The surveys show a slow but steady decline in the proportion of adults who smoke. The 1993-1997 difference implies a reduction of about 90,000 smokers, although this estimate is within the survey margin of error.



More smokers are planning to quit soon. Among smokers interviewed in the 1997 survey, 42 percent planned to quit within the next 30 days. This is nearly double the rate seen in 1993, when 22 percent planned to quit within the next 30 days.

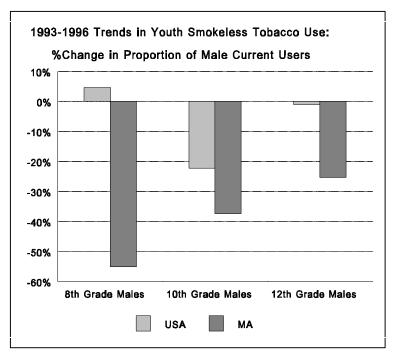
The surveys also suggest that more people are trying to quit, and more are succeeding. Among people who had smoked within one year before the 1997 survey, 54 percent quit for at least a day during the year and 14 percent were non-smokers at the time of the interview. Both figures are higher than those found in the 1993 survey.



Youth smoking grew less in Massachusetts than elsewhere. Among Massachusetts students in the 7th through 12th grades, smoking rates were almost the same in 1996 (31 percent) as in 1993 (30 percent). Nationwide youth smoking rates, in contrast, grew substantially during that period. Massachusetts smoking rates have grown less than national rates for grades 8, 10, and 12, the only groups that can be compared directly.

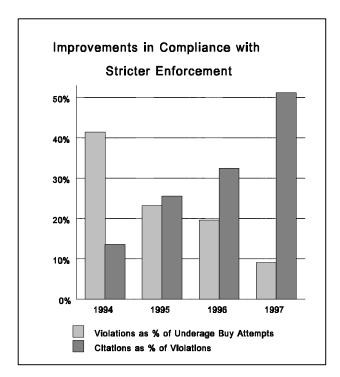
Youth use of smokeless tobacco has declined. Only 4.5 percent of Massachusetts youth in grades 7 through 12 reported using smokeless, or "spit," tobacco in the month before the 1996 interview. This striking decline from the 8.0 percent rate in 1993 is much larger than the reduction seen nationwide. Massachusetts excise tax

hikes, which brought the tax to 75 percent of the wholesale price by 1996, doubtless account for much of the reduction in use.



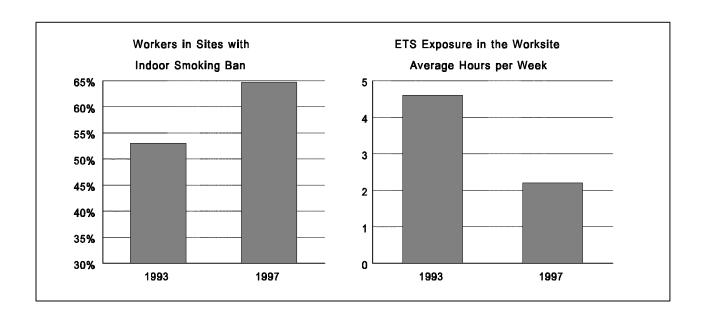
Merchants are complying better with laws prohibiting sales to minors. MTCP-funded local Boards of Health monitor and enforce laws against selling tobacco products to youths under age 18. Often working in conjunction with young participants in the Youth Tobacco Education and Leadership Programs, Boards have conducted over 21,000 underage buying attempts in which youth under age 18 attempt to purchase cigarettes and report on the results. When illegal sales occur, Boards may issue citations, which can lead to fines or license suspensions.

As monitoring has become more intense and citations more frequent, merchant compliance has improved dramatically. By April-June 1997, only 8 percent of all underage buy attempts resulted in a sale. This is far less than the 48 percent violation rate observed as testing got underway in March-May, 1994.



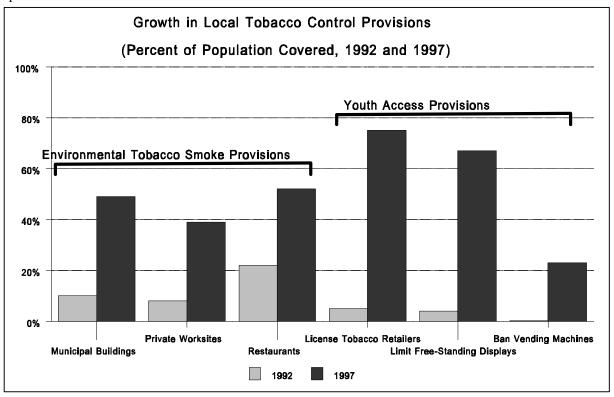
Workers are less exposed to environmental tobacco smoke. MTCP programs help employers establish policies restricting smoking in the workplace. To date these programs have provided information or technical assistance to more than 1,800 worksites, of which nearly 500 are known to have implemented new policies. Over 70,000 employees are affected by these new protections.

As a result of such activities, the percentage of workers in sites that ban indoor smoking climbed from 53



percent to 65 percent between the 1993 and 1997 surveys. Average ETS exposure at work has fallen from 4.5 to 2.2 hours per week.

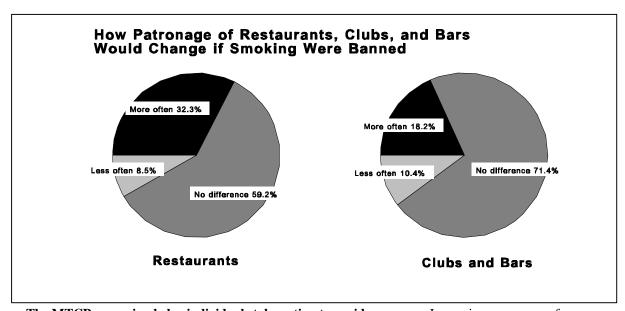
The number of Massachusetts residents protected by local environmental tobacco control and youth access provisions has grown dramatically since Question 1 was passed in 1992. The population of cities and towns with each type of provision has more than quadrupled over that period, and some kinds of provisions now cover more than two-thirds of all residents of the Commonwealth.



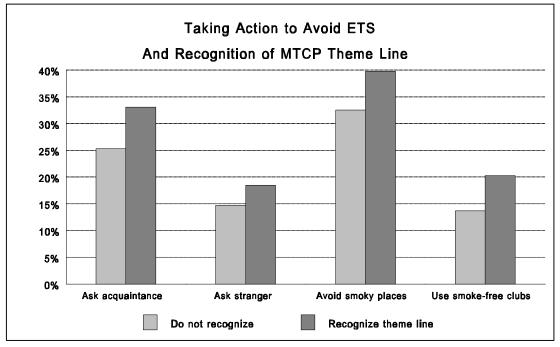
Restaurant patrons are better protected from second-hand smoke, and restaurant business has not been harmed. Since the MTCP local programs began promoting local ordinances and provisions restricting smoking in restaurants, the population covered by such provisions has more than doubled. In fact, nearly one million Massachusetts residents now live in cities or towns with complete bans on smoking in restaurants.

Two separate analyses have found that the adoption of smoking restrictions has definitely not harmed restaurant business, and probably has helped it. One analysis found that Massachusetts towns adopting highly restrictive policies showed an increase in restaurant receipts of 5.5 to 8.6 percent above predicted levels. A second analysis estimated that the number of restaurant jobs increased or remained unchanged. Both are

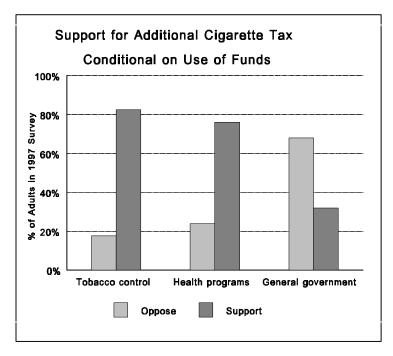
consistent with the statements of survey respondents, who say they would use restaurants and bars more—not less—if they had smoking bans.



The MTCP campaign helps individuals take action to avoid exposure. Increasing awareness of environmental tobacco smoke has been one goal of the media campaign. Survey results indicate that people who recognize the campaign theme line, "It's time we made smoking history," more often ask acquaintances or strangers not to smoke and avoid places where they would be exposed to too much second-hand smoke.



Public support for tobacco control remains strong in Massachusetts. Surveys have consistently found strong majorities favoring any additional taxes on cigarettes, provided that the proceeds are used for tobacco control or other health programs. The pattern continued after the increased excise tax took effect in October 1996: the percent supporting an additional excise tax in 1997 is almost identical to that in 1996.



Significant new legislation shows continued public and political support for tobacco control. The legislation includes:

- The first law in the nation requiring disclosure of cigarettes nicotine levels and additives;
- The first law in the nation requiring divestment of tobacco company stocks and bonds from state pension funds;
- A 25-cent increase in the cigarette excise tax, making Massachusetts' total cigarette excise tax the second highest in the nation; and
- A smoking ban in the State House and other state government buildings.

Massachusetts was the fifth state to bring suit against the tobacco industry to recover the cost of Medicaid claims for treating tobacco-related illnesses.

MTCP effects reach beyond Massachusetts. As one of the first comprehensive state tobacco control programs, the MTCP has been studied by many other states, and a number have adopted or replicated program elements. For example, television spots developed for the Massachusetts media campaign have been used in 20 other states.

Massachusetts' tobacco control initiatives have been extensively covered in the national media as well.

Hearings on the Tolman amendment were covered by the primary news programs on ABC, CBS, NBC, CNN, and NPR. In addition, MTCP personnel and activities have been featured on 60 Minutes, 20/20, 48 Hours, and Good Morning America.